



CALIFORNIA BOARD OF ACCOUNTANCY

2000 EVERGREEN STREET, SUITE 250
 SACRAMENTO, CA 95815-3832
 TELEPHONE: (916) 263-3954
 FACSIMILE: (916) 614-3253
 WEB ADDRESS: <http://www.dca.ca.gov/cba>



OUT-OF-STATE FORM

(California candidates taking the Uniform CPA exam in another state)

This form must be completed if you are requesting to take the Uniform CPA Examination as a California Candidate in another state. Refer to the *Information for Candidates* for the *May 2003 Uniform Certified Public Accountant Examination* booklet or Web site (see address above) for the qualifications to sit in another state as a California candidate. If you qualify, you must submit the appropriate verification document, fees, photo, and this form with your application. You may also be required to submit a proctor request form from the proctoring state. Please contact the state in which you wish to take the CPA Exam for additional information and proctor fees. Incomplete out-of-state applications will not be processed.

DOCUMENTATION MUST BE INCLUDED IN THE APPLICATION PACKET.

The candidate or the candidate's spouse must meet one of the following criteria. Mark the appropriate items below:

- ☐ The candidate or spouse will be enrolled full-time in a college or university during the current exam in the proctoring state (less than full-time is acceptable, if in last term prior to graduation). **Mandatory:** The Enrollment Verification form, which verifies enrollment and the expected graduation date, MUST be completed by the school's registrar and included with the packet.
- ☐ The candidate or spouse is permanently employed in California and will be on a temporary work assignment in the proctoring state during the current exam. **Mandatory:** The Employment Verification Form, which verifies the dates of the temporary employment, MUST be completed by the employer and included with the packet.
- ☐ The candidate or spouse will be on military assignment in _____ (proctoring state) during the current exam. A copy of the military duty orders MUST be included with the packet.

THE FOLLOWING MUST BE INCLUDED IN THE APPLICATION PACKET:

- ☐ Enclosed is \$ _____ proctoring fee for _____ (proctoring state).
(This fee is mandatory. Contact the proctoring state for appropriate proctor fees, payee's name and additional forms needed.)
- ☐ Attached is a 2" X 2" passport-type photo to be sent to the proctoring state.

Last Name _____

First Name, Middle Initial _____

Address _____

City, State, Zip Code _____

Daytime/Message Phone _____

Fax Number _____

E-mail Address _____

Social Security Number (if required by proctoring state) _____

Location Requested: _____ (City & State)

Subject: LPR ☐ AUD ☐ ARE ☐ FARE ☐ ALL SUBJECTS ☐

Signature: _____ Date: _____

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250
 SACRAMENTO, CA 95815-3832
 TELEPHONE: (916) 263-3680
 FACSIMILE: (916) 263-3675
 WEB ADDRESS: <http://www.dca.ca.gov/cba>



ENROLLMENT VERIFICATION for _____

Exam Date (Month/Year)

I, the undersigned, verify that the following student is enrolled in:

_____, located in _____
 (Name of Institution) (City and State)

Student's Name: _____ SSN: _____

Enrollment status for _____: Full-time ☐ Less than Full-time ☐
 (Term)

Expected graduation date: _____

 (Signature)

 (Printed Name)

(School Seal)

 (Title) (Date)

EMPLOYMENT VERIFICATION for _____

Exam Date (Month/Year)

I, the undersigned, verify that the following employee is permanently assigned to work in California, and is on a temporary work assignment in: _____
 (Proctoring State)

Employee's name: _____

Company name: _____

Address of permanent work site: _____

Address of temporary work site: _____

Dates of temporary assignment: _____ to _____

 (Authorized Signature)

 (Printed Name and Title)

(Business Card Must Be Stapled Here)

 (Phone Number)